



**CONFIDENTIAL PROFILE REQUEST FOR INFORMATION
(Law Enforcement)**

1. Please complete all blanks. Incomplete requests will be returned.
2. **An authorized agent of law enforcement agency must sign this request**
3. Please put contact information at the bottom on an attached sheet.
4. Requests may be faxed, emailed or mailed to the Board's office.

Fax Number: (307) 634-9184

Email: bop@wyo.gov

Mailing Address: WY State Board of Pharmacy
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002

5. Please call the board's office if you have any questions regarding the prescription drug monitoring program.
(307) 634-9636 ***The Board will only release requested information if the board suspects fraudulent or illegal activity has occurred.***

Contacts: David N Wills, Data Management Specialist (david.wills@wyo.gov)
Matthew Martineau, Executive Director (matt.martineau@wyo.gov)

Patient's Name: _____ License # _____ DOB: _____

Any AKA's _____ Address: _____

Investigation Number _____

Specific controlled substances being investigated _____

Date Range of this Request: From _____ to: _____

Specific Reason for this request: (may use attachment): _____

Signature of Authorized agent: _____

Printed Name of agent: _____

Law Enforcement Address and Phone Number _____

This profile will be forwarded to the law enforcement agency, provided the request meets the requirements of W.S. 35-7-1060 (c) (ii)